

**REPORT  
ON THE  
RATE SETTING AUDIT**

**DREIER'S NURSING CARE CENTER  
GLENDALE, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1952366460**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2012**

**Audits Section - Burbank  
Financial Audits Branch  
Audits and Investigations  
Department of Health Care Services**

**Section Chief: Allen Dervi  
Audit Supervisor: Henry Kwan  
Auditor: Peter Scollan**



TOBY DOUGLAS  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

April 17, 2014

John C. Haedrich, Administrator  
Dreier's Nursing Care Center  
1400 West Glenoaks Boulevard  
Glendale, CA 91201

DREIER'S NURSING CARE CENTER  
NATIONAL PROVIDER IDENTIFIER (NPI) 1952366460  
FISCAL PERIOD ENDED DECEMBER 31, 2012

We have examined the facility's Integrated Disclosure and Medi-Cal Cost Report for the above-referenced fiscal period. We also examined the facility's use of and Records of Noncovered Services deducted from patient share of cost. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the data presented in the accompanying Summary of Audited Facility Cost per Patient Day represents a proper determination of the allowable costs, patient days, and use of share of cost for the above fiscal period in accordance with Medi-Cal reimbursement principles.

This audit report includes the:

1. Summary of Audited Facility Cost per Patient Day and supporting schedules
2. Audit adjustments that include a summary of the total due the State in the amount of \$144,351, which resulted from Medi-Cal overpayments

The audit settlement will be incorporated into a Statement(s) of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement(s) of Account Status will be forwarded to the provider by the State's fiscal intermediary. Instructions regarding payment will be included with the Statement(s) of Account Status.

John C. Haedrich  
Page 2

Future Medi-Cal long-term care prospective rates may be affected by this examination. The extent to which the rates change will be determined by the Department's Fee-For-Service Rates Development Division.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

If you disagree with the decision of the Department, you may appeal by writing to:

Lisa Alder, Chief  
Department of Health Care Services  
Office of Administrative Hearings and Appeals  
1029 J Street, Suite 200  
Sacramento, CA 95814  
(916) 322-5603

The written notice of disagreement must be received by the Department within 60 calendar days from the day you receive this letter. A copy of this notice should be sent to:

**United States Postal Service (USPS)**

Assistant Chief Counsel  
Department of Health Care Services  
Office of Legal Services  
MS 0010  
PO Box 997413  
Sacramento, CA 95899

**Courier (UPS, FedEx, etc.)**

Assistant Chief Counsel  
Department of Health Care Services  
Office of Legal Services  
MS 0010  
1501 Capitol Avenue, Suite 71.5001  
Sacramento, CA 95814  
(916) 440-7700

The procedures that govern an appeal are contained in Welfare and Institutions Code, Section 14171, and California Code of Regulations, Title 22, Section 51016, et seq.

If you have questions regarding this report, you may call the Audits Section—Burbank at (818) 295-2620.

**Original Signed By**

Allen Dervi, Chief  
Audits Section—Burbank  
Financial Audits Branch

Certified

## SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:  
DREIER'S NURSING CARE CENTER

Fiscal Period:  
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

NPI:  
1952366460

OSHPD Facility No.:  
206190248

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
<b>SKILLED NURSING CARE</b>				
1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	\$ N/A	\$ 1,397,876	\$ 77.76
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 488,948	\$ 27.20
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 507,527	\$ 28.23
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 49,082	\$ 2.73
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 5,443	\$ 0.30
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 14,008	\$ 0.78
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 43,786	\$ 2.44
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 214,187	\$ 11.92
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 741,835	\$ 41.27
11	Cost of Routine Service/Audited Total Costs	\$ 3,598,606	\$ 3,462,692	\$ 192.63
12	Total Patient Days (Adj 18)	17,706	17,976	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 203.24	\$ 192.63	
14	Overpayments (Adj 20)	\$ 0	\$ (144,351)	
15	Medi-Cal Days (Adj 19)	10,428	9,099	
16	Medi-Cal Managed Care Days (Adj )		0	
<b>INTERMEDIATE CARE</b>				
17	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
18	Total Patient Days (Adj )	0	0	
19	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
20	Overpayments (Adj )	\$ 0	\$ 0	
21	Medi-Cal Days (Adj )	0	0	
<b>MENTALLY DISORDERED CARE</b>				
22	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
23	Total Patient Days (Adj )	0	0	
24	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
25	Overpayments (Adj )	\$ 0	\$ 0	
<b>DEVELOPMENTALLY DISABLED CARE</b>				
26	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
27	Total Patient Days (Adj )	0	0	
28	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
29	Overpayments (Adj )	\$ 0	\$ 0	
30	Medi-Cal Days (Adj )	0	0	
<b>SUBACUTE CARE</b>				
31	Cost of Direct Care - Labor (Subacute Care Sch. 1, Ln. 25)	\$ N/A	\$ 0	\$ 0.00
32	Cost of Indirect Care - Labor (Subacute Care Sch. 1, Ln. 26)	\$ N/A	\$ 0	\$ 0.00
33	Cost of Direct and Indirect Nonlabor - Other (Subacute Care Sch. 1, Ln. 27)	\$ N/A	\$ 0	\$ 0.00
34	Cost of Capital Related (Subacute Care Sch. 1, Ln. 28)	\$ N/A	\$ 0	\$ 0.00
35	Property Taxes (Subacute Care Sch. 1, Ln. 29)	\$ N/A	\$ 0	\$ 0.00
36	CDPH Licensing Fees (Subacute Care Sch. 1, Ln. 30)	\$ N/A	\$ 0	\$ 0.00
37	Professional Liability Insurance (Subacute Care Sch. 1, Ln. 31)	\$ N/A	\$ 0	\$ 0.00
38	Quality Assurance Fees (Subacute Care Sch. 1, Ln. 32)	\$ N/A	\$ 0	\$ 0.00
39	Caregiver Training (Subacute Care Sch. 1, Ln. 33)	\$ N/A	\$ 0	\$ 0.00
40	Cost of Administration (Subacute Care Sch.1, Ln. 34)	\$ N/A	\$ 0	\$ 0.00
41	Total Cost of Subacute Service (Subacute Care Sch. 1, Ln. 35)	\$ 0	\$ 0	\$ 0.00
42	Total Patient Days (Subacute Care Sch. 1, Ln. 36)	0	0	
43	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
44	Amount Due Provider (State) (Subacute Care Sch. 1, Ln. 40)	\$ 0	\$ 0	

## SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

**Provider Name:**  
DREIER'S NURSING CARE CENTER

**Fiscal Period:**  
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

**NPI:**  
1952366460

**OSHPD Facility No.:**  
206190248

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
<b>SUBACUTE CARE - PEDIATRIC</b>				
45	Cost of Routine Service (Subacute Care - Pediatric, Sch. 1, Ln 3)	\$ 0	\$ 0	
46	Cost of Ancillary Service (Subacute Care - Pediatric, Sch. 1, Ln. 1 + Ln. 2)	\$ 0	\$ 0	
47	Total Cost of Subacute Care - Pediatric Service (Ln. 43 + Ln. 44)	\$ 0	\$ 0	
48	Total Patient Days (Subacute Care - Pediatric, Sch. 1, Ln. 5)	0	0	
49	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
50	Amount Due Provider (State) (Subacute Care - Pediatric, Sch. 1, Ln. 9)	\$ 0	\$ 0	
<b>TRANSITIONAL INPATIENT CARE</b>				
51	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
52	Total Patient Days (Adj )	0	0	
53	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
54	Overpayments (Adj )	\$ 0	\$ 0	
<b>HOSPICE INPATIENT CARE</b>				
55	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
56	Total Patient Days (Adj )	0	0	
57	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
58	Overpayments (Adj )	\$ 0	\$ 0	
<b>OTHER ROUTINE SERVICES</b>				
59	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
60	Total Patient Days (Adj )	0	0	
61	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
62	Overpayments (Adj )	\$ 0	\$ 0	

**ALLOCATION OF GENERAL SERVICES  
DIRECT CARE LABOR**

**Provider Name:**  
DREIER'S NURSING CARE CENTER

**Fiscal Period:**  
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

**NPI:**  
1952366460

**OSHPD Facility No.:**  
206190248

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Soc Srvs	Activities	Total
			155	160	
	<b>GENERAL SERVICES</b>				
005	Plant Operations and Maintenance				
010	Housekeeping				
060	Laundry and Linen				
065	Dietary				
155	Social Services	\$ 44,956	\$ 44,956		
160	Activities	77,077		\$ 77,077	
165	Administration				
166	Medical Records				
170	Inservice Education - Nursing				
	<b>ANCILLARY SERVICES</b>				
075	Patient Supplies	0	0	0	0
077	Specialized Support Surfaces	N/A	0	0	0
080	Physical Therapy	0	0	0	0
081	Respiratory Therapy	0	0	0	0
082	Occupational Therapy	0	0	0	0
083	Speech Pathology	0	0	0	0
085	Pharmacy	0	0	0	0
090	Laboratory	0	0	0	0
095	Home Health Services	0	0	0	0
100	Other Ancillary Services	0	0	0	0
101	Subacute Care Ancillary Services	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services	0	0	0	0
	<b>ROUTINE SERVICES</b>				
105	Skilled Nursing Care	1,275,843	44,956	77,077	1,397,876 *
110	Intermediate Care	0	0	0	0 *
115	Mentally Disordered Care	0	0	0	0 *
120	Developmentally Disabled Care	0	0	0	0 *
125	Subacute Care	0	0	0	0 *
126	Subacute Care - Pediatric	0	0	0	0 *
128	Transitional Inpatient Care	0	0	0	0 *
130	Hospice Inpatient Care	0	0	0	0 *
135	Other Routine Services	0	0	0	0 *
	<b>NONREIMBURSABLE</b>				
139	Residential Care	0	0	0	0
140	Beauty and Barber	0	0	0	0
145	Other Nonreimbursable	0	0	0	0
	<b>TOTAL</b>	<b>\$ 1,397,876</b>	<b>\$ 44,956</b>	<b>\$ 77,077</b>	<b>\$ 1,397,876</b>

\* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES  
INDIRECT CARE LABOR

Provider Name:  
DREIER'S NURSING CARE CENTER

NPI:  
1952366460

OSHPD Facility Number:  
206190248

Fiscal Period:  
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops	Hskpng	Laundry	Dietary	Soc Srvs	Activities	Inserv. Ed	Accumulated Costs	Admin	Medical Records	Total
			005	010	060	065	155	160	170		165	166	
<b>GENERAL SERVICES</b>													
005	Plant Operations and Maintenance	\$ 58,883	\$ 58,883										
010	Housekeeping	74,253	147	\$ 74,400									
060	Laundry and Linen	76,008	2,697	3,417	\$ 82,122								
065	Dietary	181,635	8,706	11,027	0	\$ 201,368							
155	Social Services	N/A	1,581	2,002	0	0	\$ 3,583						
160	Activities	N/A	258	327	0	0	0	\$ 585					
165	Administration	N/A	2,856	3,617	0	0	0	0		\$ 6,473	\$ 6,473		
166	Medical Records	51,463	258	327	0	0	0	0		52,048		\$ 52,048	
170	Inservice Education - Nursing	60,635	258	327	0	0	0	0	\$ 61,220				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies		23	29	0	0	0	0	0	51	58	466	\$ 576
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy		958	1,213	0	0	0	0	0	2,171	312	2,509	4,992
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		668	846	0	0	0	0	0	1,514	202	1,621	3,337
083	Speech Pathology		127	161	0	0	0	0	0	287	50	402	739
085	Pharmacy		249	316	0	0	0	0	0	565	254	2,044	2,863
090	Laboratory		7	9	0	0	0	0	0	15	70	563	648
095	Home Health Services		0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services		0	0	0	0	0	0	0	0	33	265	298
101	Subacute Care Ancillary Services		0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services		0	0	0	0	0	0	0	0	0	0	0
<b>ROUTINE SERVICES</b>													
105	Skilled Nursing Care		39,893	50,532	82,122	201,368	3,583	585	61,220	439,304	5,491	44,152	488,948 *
110	Intermediate Care		0	0	0	0	0	0	0	0	0	0	0 *
115	Mentally Disordered Care		0	0	0	0	0	0	0	0	0	0	0 *
120	Developmentally Disabled Care		0	0	0	0	0	0	0	0	0	0	0 *
125	Subacute Care		0	0	0	0	0	0	0	0	0	0	0 *
126	Subacute Care - Pediatric		0	0	0	0	0	0	0	0	0	0	0 *
128	Transitional Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
130	Hospice Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
135	Other Routine Services		0	0	0	0	0	0	0	0	0	0	0 *
<b>NONREIMBURSABLE</b>													
139	Residential Care		0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber		197	250	0	0	0	0	0	447	3	26	476
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	<b>TOTAL</b>	\$ 502,877	\$ 58,883	\$ 74,400	\$ 82,122	\$ 201,368	\$ 3,583	\$ 585	\$ 61,220	\$ 444,356	\$ 6,473	\$ 52,048	\$ 502,877

(To Schedule 1)

ALLOCATION OF GENERAL SERVICES  
OTHER - NONLABOR

Provider Name:  
DREIER'S NURSING CARE CENTER

NPI:  
1952366460

OSHPD Facility Number:  
206190248

Fiscal Period:  
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 5	Hskpng 10	Laundry 60	Dietary 65	Soc Svcs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total
<b>GENERAL SERVICES</b>													
005	Plant Operations and Maintenance	\$ 191,580	\$ 191,580										
010	Housekeeping	32,104	479	\$ 32,583									
060	Laundry and Linen	23,721	8,776	1,496	\$ 33,993								
065	Dietary	145,082	28,324	4,829	0	\$ 178,236							
155	Social Services	3,628	5,143	877	0	0	\$ 9,648						
160	Activities	24,323	840	143	0	0	0	\$ 25,306					
165	Administration	N/A	9,292	1,584	0	0	0	0		\$ 10,876	\$ 10,876		
166	Medical Records	8,668	840	143	0	0	0	0		9,651		\$ 9,651	
170	Inservice Education - Nursing	879	840	143	0	0	0	0	\$ 1,862				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies	24,972	74	13	0	0	0	0	0	25,058	97	86	\$ 25,242
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy	128,448	3,117	531	0	0	0	0	0	132,096	524	465	133,086
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	82,664	2,174	371	0	0	0	0	0	85,208	339	301	85,848
083	Speech Pathology	20,759	413	70	0	0	0	0	0	21,242	84	75	21,400
085	Pharmacy	108,386	811	138	0	0	0	0	0	109,335	427	379	110,141
090	Laboratory	30,291	22	4	0	0	0	0	0	30,317	118	104	30,539
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	14,262	0	0	0	0	0	0	0	14,262	55	49	14,366
101	Subacute Care Ancillary Services	0	0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	0	0
<b>ROUTINE SERVICES</b>													
105	Skilled Nursing Care	89,143	129,795	22,130	33,993	178,236	9,648	25,306	1,862	490,114	9,226	8,187	507,527
110	Intermediate Care		0	0	0	0	0	0	0	0	0	0	0
115	Mentally Disordered Care		0	0	0	0	0	0	0	0	0	0	0
120	Developmentally Disabled Care		0	0	0	0	0	0	0	0	0	0	0
125	Subacute Care	0	0	0	0	0	0	0	0	0	0	0	0
126	Subacute Care - Pediatric	0	0	0	0	0	0	0	0	0	0	0	0
128	Transitional Inpatient Care		0	0	0	0	0	0	0	0	0	0	0
130	Hospice Inpatient Care		0	0	0	0	0	0	0	0	0	0	0
135	Other Routine Services		0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE</b>													
139	Residential Care	0	0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber	0	641	109	0	0	0	0	0	750	5	5	761
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>\$ 928,910</b>	<b>\$ 191,580</b>	<b>\$ 32,583</b>	<b>\$ 33,993</b>	<b>\$ 178,236</b>	<b>\$ 9,648</b>	<b>\$ 25,306</b>	<b>\$ 1,862</b>	<b>\$ 908,383</b>	<b>\$ 10,876</b>	<b>\$ 9,651</b>	<b>\$ 928,910</b>

\* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:  
DREIER'S NURSING CARE CENTER

Fiscal Period:  
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

NPI:  
1952366460

OSHPD Facility Number:  
206190248

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total	Capital Related 90% Of Total	Property Tax 10% Of Total
<b>GENERAL SERVICES</b>										
	Capital Related (excluding lines 40 & 45)	\$ 51,448	90%							
	Property Tax (line 40)	5,705	10%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 2,779	\$ 2,779				
166	Medical Records				251		\$ 251			
170	Inservice Education - Nursing			\$ 251						
<b>ANCILLARY SERVICES</b>										
075	Patient Supplies			0	22	25	2	\$ 49	\$ 44	\$ 5
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			0	932	134	12	1,078	971	108
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	650	87	8	744	670	74
083	Speech Pathology			0	123	21	2	147	132	15
085	Pharmacy			0	242	109	10	361	325	36
090	Laboratory			0	7	30	3	39	35	4
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	14	1	15	14	2
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0
<b>ROUTINE SERVICES</b>										
105	Skilled Nursing Care			251	51,954	2,357	213	54,525	49,082	5,443 *
110	Intermediate Care			0	0	0	0	0	0	0 *
115	Mentally Disordered Care			0	0	0	0	0	0	0 *
120	Developmentally Disabled Care			0	0	0	0	0	0	0 *
125	Subacute Care			0	0	0	0	0	0	0 *
126	Subacute Care - Pediatric			0	0	0	0	0	0	0 *
128	Transitional Inpatient Care			0	0	0	0	0	0	0 *
130	Hospice Inpatient Care			0	0	0	0	0	0	0 *
135	Other Routine Services			0	0	0	0	0	0	0 *
<b>NONREIMBURSABLE</b>										
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			0	192	1	0	193	174	19
145	Other Nonreimbursable			0	0	0	0	0	0	0
	<b>TOTAL</b>	\$ 57,153	100%	\$ 251	\$ 54,123	\$ 2,779	\$ 251	\$ 57,153	\$ 51,448	\$ 5,705

\* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:  
DREIER'S NURSING CARE CENTER

NPI:  
1952366460

OSHPD Facility Number:  
206190248

Fiscal Period:  
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	Accum Costs (From Sch 2)	Accum Costs (From Sch 3)	Accum Costs (From Sch 4)	Accum Costs (From Sch 5)	Total Accum Costs	Allocated Admin. Costs	Admin. 73% of Total	DPH Licensing Fees 1% of Total	Professional Liability Ins. 4% of Total	Quality Assur. Fees 21% of Total	Caregiver Training 0% of Total
<b>GENERAL SERVICES</b>														
045	Property Insurance	\$ 35,681												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	838,819												
	Total Costs Allocable as Administration	874,500	73%											
167	CDPH Licensing Fees	16,513	1%											
168	Professional Liability Insurance	51,616	4%											
169	Quality Assurance Fees	252,491	21%											
174	Caregiver Training	0	0%											
	Total	1,195,120	100%						\$ 1,195,120					
<b>ANCILLARY SERVICES</b>														
075	Patient Supplies			\$ 0	\$ 51	\$ 25,058	\$ 22	\$ 25,132	10,709	\$ 7,836	\$ 148	\$ 463	\$ 2,262	\$ 0
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			0	2,171	132,096	932	135,200	57,610	42,155	796	2,488	12,171	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			0	1,514	85,208	650	87,373	37,230	27,242	514	1,608	7,866	0
083	Speech Pathology			0	287	21,242	123	21,653	9,226	6,751	127	398	1,949	0
085	Pharmacy			0	565	109,335	242	110,142	46,932	34,342	648	2,027	9,915	0
090	Laboratory			0	15	30,317	7	30,339	12,928	9,459	179	558	2,731	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	14,262	0	14,262	6,077	4,447	84	262	1,284	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
<b>ROUTINE SERVICES</b>														
105	Skilled Nursing Care			1,397,876	439,304	490,114	51,954	2,379,249	1,013,816	741,835	14,008	43,786	214,187	0
110	Intermediate Care			0	0	0	0	0	0	0	0	0	0	0
115	Mentally Disordered Care			0	0	0	0	0	0	0	0	0	0	0
120	Developmentally Disabled Care			0	0	0	0	0	0	0	0	0	0	0
125	Subacute Care			0	0	0	0	0	0	0	0	0	0	0
126	Subacute Care - Pediatric			0	0	0	0	0	0	0	0	0	0	0
128	Transitional Inpatient Care			0	0	0	0	0	0	0	0	0	0	0
130	Hospice Inpatient Care			0	0	0	0	0	0	0	0	0	0	0
135	Other Routine Services			0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE</b>														
139	Residential Care			0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber			0	447	750	192	1,389	592	433	8	26	125	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	<b>SUBTOTAL</b>	\$ 1,195,120		\$ 1,397,876	\$ 444,356	\$ 908,383	\$ 54,123	\$ 2,804,737	\$ 1,195,120					
	Total Administrative Costs							\$ 1,195,120		\$ 874,500	\$ 16,513	\$ 51,616	\$ 252,491	\$ 0
	Unit Cost Multiplier							0.42610764						
	Accumulated Administration Costs (Sch 2 thru 5)				\$ 58,521	\$ 20,527	\$ 3,030	\$ 82,079						
	<b>TOTAL FACILITY COSTS</b>							\$ 4,081,936						

\* (To Schedule 1)

## STATISTICS FOR COST ALLOCATION

Provider Name:  
DREIER'S NURSING CARE CENTER

NPI:  
1952366460

OSHPD Facility Number:  
206190248

Fiscal Period:  
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS (Adj 17)	Plant Ops (SQ FT) 5 (Adj 17)	Hskpng (SQ FT) 10 (Adj 17)	Laundry (LBS) 60 (Adj )	Dietary (MEALS) 65 (Adj )	Soc Svcs (DIRECT EXP) 155 (Adj )	Activities (DIRECT EXP) 160 (Adj )	Inserv. Ed (DIRECT EXP) 170 (Adj )	Admin. (TOTAL ACCUM COST)	Med Records (TOTAL ACCUM COST)
<b>GENERAL SERVICES</b>											
005	Plant Operations and Maintenance	812									
010	Housekeeping	65	65								
060	Laundry and Linen	1,191	1,191	1,191							
065	Dietary	3,844	3,844	3,844							
155	Social Services	698	698	698							
160	Activities	114	114	114							
165	Administration	1,261	1,261	1,261							
166	Medical Records	114	114	114							
170	Inservice Education - Nursing	114	114	114							
<b>ANCILLARY SERVICES</b>											
075	Patient Supplies	10	10	10						25,132	25,132
077	Specialized Support Surfaces									0	0
080	Physical Therapy	423	423	423						135,200	135,200
081	Respiratory Therapy									0	0
082	Occupational Therapy	295	295	295						87,373	87,373
083	Speech Pathology	56	56	56						21,653	21,653
085	Pharmacy	110	110	110						110,142	110,142
090	Laboratory	3	3	3						30,339	30,339
095	Home Health Services									0	0
100	Other Ancillary Services									14,262	14,262
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
<b>ROUTINE SERVICES</b>											
105	Skilled Nursing Care	17,615	17,615	17,615	116,767	50,043	1,364,986	1,364,986	1,364,986	2,379,249	2,379,249
110	Intermediate Care						0	0	0	0	0
115	Mentally Disordered Care						0	0	0	0	0
120	Developmentally Disabled Care						0	0	0	0	0
125	Subacute Care						0	0	0	0	0
126	Subacute Care - Pediatric						0	0	0	0	0
128	Transitional Inpatient Care						0	0	0	0	0
130	Hospice Inpatient Care						0	0	0	0	0
135	Other Routine Services						0	0	0	0	0
<b>NONREIMBURSABLE</b>											
139	Residential Care									0	0
140	Beauty and Barber	87	87	87						1,389	1,389
145	Other Nonreimbursable									0	0
	<b>TOTAL STATISTICS</b>	<b>26,812</b>	<b>26,000</b>	<b>25,935</b>	<b>116,767</b>	<b>50,043</b>	<b>1,364,986</b>	<b>1,364,986</b>	<b>1,364,986</b>	<b>2,804,737</b>	<b>2,804,737</b>
	TOTAL DIRECT SALARIES COSTS - SCH. 2						\$ 44,956	\$ 77,077			
	UNIT COST MULTIPLIER (DIRECT SALARIES)						0.032935136	0.056467246			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3		\$ 58,883	\$ 74,400	\$ 82,122	\$ 201,368	\$ 3,583	\$ 585	\$ 61,220	\$ 6,473	\$ 52,048
	UNIT COST MULTIPLIER (INDIRECT SALARIES)		2.26473077	2.86871824	0.70329749	4.02389901	0.00262504	0.00042873	0.04485043	0.00230798	0.01855725
	TOTAL INDIRECT OTHER COSTS - SCH. 4		\$ 191,580	\$ 32,583	\$ 33,993	\$ 178,236	\$ 9,648	\$ 25,306	\$ 1,862	\$ 10,876	\$ 9,651
	UNIT COST MULTIPLIER (INDIRECT OTHER)		7.36846154	1.25633121	0.29111931	3.56165105	0.00706828	0.01853955	0.00136428	0.00387768	0.00344105
	TOTAL CAPITAL COSTS - SCH. 5	\$ 57,153	\$ 1,731	\$ 143	\$ 2,625	\$ 8,471	\$ 1,538	\$ 251	\$ 251	\$ 2,779	\$ 251
	UNIT COST MULTIPLIER (CAPITAL COSTS)	2.13162017	0.06657214	0.00550925	0.02247731	0.16927500	0.00112689	0.00018405	0.00018405	0.00099078	0.00008957

## SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
DREIER'S NURSING CARE CENTER

Fiscal Period:  
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

NPI:  
1952366460

OSHPD Facility Number:  
206190248

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
005		Plant Operations and Maintenance					
005	.01-.19	Salaries and Wages	6200	\$ 48,500	\$ 0	\$ 48,500	(Sch 3)
005	.20-.39	Fringe Benefits	6200	11,061	(678)	10,383	(Sch 3)
005	.79	Agency Staff	6200	0	0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	185,540	6,040	191,580	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 245,101	\$ 5,362	\$ 250,463	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 58,916	\$ 0	\$ 58,916	(Sch 3)
010	.20-.39	Fringe Benefits	6300	16,161	(824)	15,337	(Sch 3)
010	.79	Agency Staff	6300	0	0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	32,104	0	32,104	(Sch 4)
010		Housekeeping - Total	6300	\$ 107,181	\$ (824)	\$ 106,357	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$ 0	\$ 0	\$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	4,107	0	4,107	(Sch 5)
025		Depreciation: Equipment	7140	12,624	1,181	13,805	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	0	0	0	(Sch 5)
035		Leases and Rentals	7200	21,600	7,280	28,880	(Sch 5)
040		Property Taxes	7300	5,705	0	5,705	(Sch 5)
045		Property Insurance	7400	35,681	0	35,681	(Sch 6)
050		Interest - Property, Plant, and Equipment	7500	0	4,656	4,656	(Sch 5)
055		Interest - Other	7600	0	0	0	(Sch 6)
057		<b>Subtotal 005 - 055</b>		\$ 431,999	\$ 17,655	\$ 449,654	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 64,841	\$ 0	\$ 64,841	(Sch 3)
060	.20-.39	Fringe Benefits	6400	12,074	(907)	11,167	(Sch 3)
060	.79	Agency Staff	6400	0	0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	24,444	(723)	23,721	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 101,359	\$ (1,630)	\$ 99,729	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 152,399	\$ 0	\$ 152,399	(Sch 3)
065	.20-.39	Fringe Benefits	6500	31,367	(2,131)	29,236	(Sch 3)
065	.79	Agency Staff	6500	0	0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	153,043	(7,961)	145,082	(Sch 4)
065		Dietary - Total	6500	\$ 336,809	\$ (10,092)	\$ 326,717	
070		Provision for Bad Debts	7700	\$ 0	\$ 0	\$ 0	
		<b>Ancillary Services</b>					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	\$ 0	\$ 0	\$ 0	(Sch 2)
075	.20-.39	Fringe Benefits	8100	0	0	0	(Sch 2)
075	.79	Agency Staff	8100	0	0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	24,972	0	24,972	(Sch 4)
075		Patient Supplies - Total	8100	\$ 24,972	\$ 0	\$ 24,972	
077		Specialized Support Surfaces					
077	.01-.19	Salaries and Wages	8150	\$ 0	\$ 0	\$ 0	N/A
077	.20-.39	Fringe Benefits	8150	0	0	0	N/A
077	.79	Agency Staff	8150	0	0	0	N/A
077	.40-.99	Other - Nonlabor	8150	0	0	0	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 0	\$ 0	\$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
DREIER'S NURSING CARE CENTER

Fiscal Period:  
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

NPI:  
1952366460

OSHPD Facility Number:  
206190248

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
080		Physical Therapy					
080	.01-.19	Salaries and Wages	8200	\$ 0	\$ 0	\$ 0	(Sch 2)
080	.20-.39	Fringe Benefits	8200	0	0	0	(Sch 2)
080	.79	Agency Staff	8200	0	0	0	(Sch 2)
080	.40-.99	Other - Nonlabor	8200	128,448	0	128,448	(Sch 4)
080		Physical Therapy - Total	8200	\$ 128,448	\$ 0	\$ 128,448	
081		Respiratory Therapy					
081	.01-.19	Salaries and Wages	8220	\$ 0	\$ 0	\$ 0	(Sch 2)
081	.20-.39	Fringe Benefits	8220	0	0	0	(Sch 2)
081	.79	Agency Staff	8220	0	0	0	(Sch 2)
081	.40-.99	Other - Nonlabor	8220	0	0	0	(Sch 4)
081		Respiratory Therapy - Total	8220	\$ 0	\$ 0	\$ 0	
082		Occupational Therapy					
082	.01-.19	Salaries and Wages	8250	\$ 0	\$ 0	\$ 0	(Sch 2)
082	.20-.39	Fringe Benefits	8250	0	0	0	(Sch 2)
082	.79	Agency Staff	8250	0	0	0	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	82,664	0	82,664	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 82,664	\$ 0	\$ 82,664	
083		Speech Pathology					
083	.01-.19	Salaries and Wages	8280	\$ 0	\$ 0	\$ 0	(Sch 2)
083	.20-.39	Fringe Benefits	8280	0	0	0	(Sch 2)
083	.79	Agency Staff	8280	0	0	0	(Sch 2)
083	.40-.99	Other - Nonlabor	8280	20,759	0	20,759	(Sch 4)
083		Speech Pathology - Total	8280	\$ 20,759	\$ 0	\$ 20,759	
085		Pharmacy					
085	.01-.19	Salaries and Wages	8300	\$ 0	\$ 0	\$ 0	(Sch 2)
085	.20-.39	Fringe Benefits	8300	0	0	0	(Sch 2)
085	.79	Agency Staff	8300	0	0	0	(Sch 2)
085	.40-.99	Other - Nonlabor	8300	108,386	0	108,386	(Sch 4)
085		Pharmacy - Total	8300	\$ 108,386	\$ 0	\$ 108,386	
090		Laboratory					
090	.01-.19	Salaries and Wages	8400	\$ 0	\$ 0	\$ 0	(Sch 2)
090	.20-.39	Fringe Benefits	8400	0	0	0	(Sch 2)
090	.79	Agency Staff	8400	0	0	0	(Sch 2)
090	.40-.99	Other - Nonlabor	8400	30,291	0	30,291	(Sch 4)
090		Laboratory - Total	8400	\$ 30,291	\$ 0	\$ 30,291	
095		Home Health Services					
095	.01-.19	Salaries and Wages	8800	\$ 0	\$ 0	\$ 0	(Sch 2)
095	.20-.39	Fringe Benefits	8800	0	0	0	(Sch 2)
095	.79	Agency Staff	8800	0	0	0	(Sch 2)
095	.40-.99	Other - Nonlabor	8800	0	0	0	(Sch 4)
095		Home Health Services - Total	8800	\$ 0	\$ 0	\$ 0	
100		Other Ancillary Services					
100	.01-.19	Salaries and Wages	8900	\$ 0	\$ 0	\$ 0	(Sch 2)
100	.20-.39	Fringe Benefits	8900	0	0	0	(Sch 2)
100	.79	Agency Staff	8900	0	0	0	(Sch 2)
100	.40-.99	Other - Nonlabor	8900	14,262	0	14,262	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 14,262	\$ 0	\$ 14,262	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
DREIER'S NURSING CARE CENTER

Fiscal Period:  
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

NPI:  
1952366460

OSHPD Facility Number:  
206190248

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
101		Subacute Care Ancillary Services					
101	.01-.19	Salaries and Wages	8100-8900	\$ 0	\$ 0	\$ 0	(Sch 2)
101	.20-.39	Fringe Benefits	8100-8900	0	0	0	(Sch 2)
101	.79	Agency Staff	8100-8900	0	0	0	(Sch 2)
101	.40-.99	Other - Nonlabor	8100-8900	0	0	0	(Sch 4)
101		Subacute Care Ancillary Services - Total	8100-8900	\$ 0	\$ 0	\$ 0	
102		Subacute Care - Pediatric Ancillary Services					
102	.01-.19	Salaries and Wages	8100-8900	\$ 0	\$ 0	\$ 0	(Sch 2)
102	.20-.39	Fringe Benefits	8100-8900	0	0	0	(Sch 2)
102	.79	Agency Staff	8100-8900	0	0	0	(Sch 2)
102	.40-.99	Other - Nonlabor	8100-8900	0	0	0	(Sch 4)
102		Subacute Care - Pediatric Ancillary Services - Total	8100-8900	\$ 0	\$ 0	\$ 0	
104		Subtotal 075 - 102		\$ 409,782	\$ 0	\$ 409,782	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 1,036,213	\$ 0	\$ 1,036,213	(Sch 2)
105	.20-.39	Fringe Benefits	6110	196,498	(14,489)	182,009	(Sch 2)
105	.49	Agency Staff	6110	57,621	0	57,621	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	184,328	(95,185)	89,143	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 1,474,660	\$ (109,674)	\$ 1,364,986	
110		Intermediate Care					
110	.01-.19	Salaries and Wages	6120	\$ 0	\$ 0	\$ 0	
110	.20-.39	Fringe Benefits	6120	0	0	0	
110	.49	Agency Staff	6120	0	0	0	
110	.40-.99	Other - Nonlabor	6120	0	0	0	
110		Intermediate Care - Total	6120	\$ 0	\$ 0	\$ 0	(Sch 2)
115		Mentally Disordered Care					
115	.01-.19	Salaries and Wages	6130	\$ 0	\$ 0	\$ 0	
115	.20-.39	Fringe Benefits	6130	0	0	0	
115	.49	Agency Staff	6130	0	0	0	
115	.40-.99	Other - Nonlabor	6130	0	0	0	
115		Mentally Disordered Care - Total	6130	\$ 0	\$ 0	\$ 0	(Sch 2)
120		Developmentally Disabled Care					
120	.01-.19	Salaries and Wages	6140	\$ 0	\$ 0	\$ 0	
120	.20-.39	Fringe Benefits	6140	0	0	0	
120	.49	Agency Staff	6140	0	0	0	
120	.40-.99	Other - Nonlabor	6140	0	0	0	
120		Developmentally Disabled Care - Total	6140	\$ 0	\$ 0	\$ 0	(Sch 2)
125		Subacute Care					
125	.01-.19	Salaries and Wages	6150	\$ 0	\$ 0	\$ 0	(Sch 2)
125	.20-.39	Fringe Benefits	6150	0	0	0	(Sch 2)
125	.49	Agency Staff	6150	0	0	0	(Sch 2)
125	.40-.99	Other - Nonlabor	6150	0	0	0	(Sch 4)
125		Subacute Care - Total	6150	\$ 0	\$ 0	\$ 0	
126		Subacute Care - Pediatric					
126	.01-.19	Salaries and Wages	6160	\$ 0	\$ 0	\$ 0	(Sch 2)
126	.20-.39	Fringe Benefits	6160	0	0	0	(Sch 2)
126	.49	Agency Staff	6160	0	0	0	(Sch 2)
126	.40-.99	Other - Nonlabor	6160	0	0	0	(Sch 4)
126		Subacute Care - Pediatric - Total	6160	\$ 0	\$ 0	\$ 0	

## SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
DREIER'S NURSING CARE CENTER

Fiscal Period:  
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

NPI:  
1952366460

OSHPD Facility Number:  
206190248

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED
128		Transitional Inpatient Care				
128	.01-.19	Salaries and Wages	6170	\$ 0	\$ 0	\$ 0
128	.20-.39	Fringe Benefits	6170	0	0	0
128	.49	Agency Staff	6170	0	0	0
128	.40-.99	Other - Nonlabor	6170	0	0	0
128		Transitional Inpatient Care - Total	6170	\$ 0	\$ 0	\$ 0
130		Hospice Inpatient Care				
130	.01-.19	Salaries and Wages	6180	\$ 0	\$ 0	\$ 0
130	.20-.39	Fringe Benefits	6180	0	0	0
130	.49	Agency Staff	6180	0	0	0
130	.40-.99	Other - Nonlabor	6180	0	0	0
130		Hospice Inpatient Care - Total	6180	\$ 0	\$ 0	\$ 0
135		Other Routine Services				
135	.01-.19	Salaries and Wages	6190	\$ 0	\$ 0	\$ 0
135	.20-.39	Fringe Benefits	6190	0	0	0
135	.49	Agency Staff	6190	0	0	0
135	.40-.99	Other - Nonlabor	6190	0	0	0
135		Other Routine Services - Total	6190	\$ 0	\$ 0	\$ 0
		<b>Other Nonreimbursable</b>				
139		Residential Care				
139	.01-.19	Salaries and Wages	9100	\$ 0	\$ 0	\$ 0
139	.20-.39	Fringe Benefits	9100	0	0	0
139	.49	Agency Staff	9100	0	0	0
139	.40-.99	Other - Nonlabor	9100	0	0	0
139		Residential Care - Total	9100	\$ 0	\$ 0	\$ 0
140		Beauty and Barber				
140	.01-.19	Salaries and Wages	8900	\$ 0	\$ 0	\$ 0
140	.20-.39	Fringe Benefits	8900	0	0	0
140	.49	Agency Staff	8900	0	0	0
140	.40-.99	Other - Nonlabor	8900	0	0	0
140		Beauty and Barber - Total	8900	\$ 0	\$ 0	\$ 0
145		Other Nonreimbursable				
145	.01-.19	Salaries and Wages	9100	\$ 0	\$ 0	\$ 0
145	.20-.39	Fringe Benefits	9100	0	0	0
145	.49	Agency Staff	9100	0	0	0
145	.40-.99	Other - Nonlabor	9100	0	0	0
145		Other Nonreimbursable - Total	9100	\$ 0	\$ 0	\$ 0
146		<b>Subtotal 105 - 145</b>		\$ 1,474,660	\$ (109,674)	\$ 1,364,986
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 37,200	\$ 0	\$ 37,200
155	.20-.39	Fringe Benefits	6600	8,276	(520)	7,756
155	.49	Agency Staff	6600	0	0	0
155	.40-.99	Other - Nonlabor	6600	3,628	0	3,628
155		Social Services - Total	6600	\$ 49,104	\$ (520)	\$ 48,584

## SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
DREIER'S NURSING CARE CENTER

Fiscal Period:  
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

NPI:  
1952366460

OSHPD Facility Number:  
206190248

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
160		Activities					
160	.01-.19	Salaries and Wages	6700	\$ 66,852	\$ 0	\$ 66,852	(Sch 2)
160	.20-.39	Fringe Benefits	6700	11,160	(935)	10,225	(Sch 2)
160	.49	Agency Staff	6700	0	0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	24,236	87	24,323	(Sch 4)
160		Activities - Total	6700	\$ 102,248	\$ (848)	\$ 101,400	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 287,075	\$ 0	\$ 287,075	(Sch 6)
165	.20-.39	Fringe Benefits	6900	54,485	21,793	76,278	(Sch 6)
165	.49	Agency Staff	6900	0	0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	497,933	(22,467)	475,466	(Sch 6)
165		Administration - Total	6900	\$ 839,493	\$ (674)	\$ 838,819	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 42,160	\$ 0	\$ 42,160	(Sch 3)
166	.20-.39	Fringe Benefits	6900	9,893	(590)	9,303	(Sch 3)
166	.49	Agency Staff	6900	0	0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	20,668	(12,000)	8,668	(Sch 4)
166		Medical Records - Total	6900	\$ 72,721	\$ (12,590)	\$ 60,131	
167		CDPH Licensing Fees	6900	\$ 16,513	\$ 0	\$ 16,513	(Sch 6)
168		Professional Liability Insurance	6900	\$ 51,616	\$ 0	\$ 51,616	(Sch 6)
169		Quality Assurance Fees	6900	\$ 252,491	\$ 0	\$ 252,491	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 51,419	\$ 0	\$ 51,419	(Sch 3)
170	.20-.39	Fringe Benefits	6800	9,935	(719)	9,216	(Sch 3)
170	.49	Agency Staff	6800	0	0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	879	0	879	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 62,233	\$ (719)	\$ 61,514	
174		Caregiver Training					
174	.01-.19	Salaries and Wages	6900	\$ 0	\$ 0	\$ 0	(Sch 6)
174	.20-.39	Fringe Benefits	6900	0	0	0	(Sch 6)
174	.49	Agency Staff	6900	0	0	0	(Sch 6)
174	.40-.99	Other - Nonlabor	6900	0	0	0	(Sch 6)
174		Caregiver Training - Total	6900	\$ 0	\$ 0	\$ 0	
		<b>Subtotal 155 - 174</b>		\$ 1,446,419	\$ (15,351)	\$ 1,431,068	
200		<b>Total</b>		\$ 4,201,028	\$ (119,092)	\$ 4,081,936	

210	0.24	Total Facility Group Health Insurance * (Adj 1)	6900			\$ 34,164
-----	------	---	------	--	--	-----------

\* For informational purposes only, this amount is included in various cost centers above.





Provider Name:  
DREIER'S NURSING CARE CENTER

NPI:  
1952366460

OSHPD Facility Number:  
206190248  
Fiscal Period:  
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

Line No.	Sub No.	TOTAL ADJ (Pages 1 & 2)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJ 8	AUDIT ADJ 9
125	3	0								
125	4	0								
126	1	0								
126	2	0								
126	3	0								
126	4	0								
128	1	0								
128	2	0								
128	3	0								
128	4	0								
130	1	0								
130	2	0								
130	3	0								
130	4	0								
135	1	0								
135	2	0								
135	3	0								
135	4	0								
139	1	0								
139	2	0								
139	3	0								
139	4	0								
140	1	0								
140	2	0								
140	3	0								
140	4	0								
145	1	0								
145	2	0								
145	3	0								
145	4	0								
155	1	0								
155	2	(520)						(520)		
155	3	0								
155	4	0								
160	1	0								
160	2	(935)						(935)		
160	3	0								
160	4	87								
165	1	0								
165	2	21,793						21,793		
165	3	0								
165	4	(22,467)			(4,656)	(3,580)	12,000			(20,586)
166	1	0								
166	2	(590)						(590)		
166	3	0								
166	4	(12,000)					(12,000)			

Provider Name:  
DREIER'S NURSING CARE CENTER

NPI:  
1952366460

OSHPD Facility Number:  
206190248

Fiscal Period:  
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

Line No.	Sub No.	TOTAL ADJ (Pages 1 & 2)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJ 8	AUDIT ADJ 9
167	4	CDPH Licensing Fees	0							
168	4	Professional Liability Insurance	0							
169	4	Quality Assurance Fees	0							
170	1	Inservice Education - Nursing - Salaries and Wages	0							
170	2	Inservice Education - Nursing - Fringe Benefits	(719)					(719)		
170	3	Inservice Education - Nursing - Agency Staff	0							
170	4	Inservice Education - Nursing - Other - Nonlabor	0							
174	1	Caregiver Training - Salaries and Wages	0							
174	2	Caregiver Training - Fringe Benefits	0							
174	3	Caregiver Training - Agency Staff	0							
174	4	Caregiver Training - Other - Nonlabor	0							
200		Total	<u>(\$119,092)</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>(6,552)</u>	<u>(24,013)</u>
			(To Sch 8)							







Provider Name:  
DREIER'S NURSING CARE CENTER

NPI:  
1952366460

OSHPD Facility Number:  
206190248

Fiscal Period:  
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

Line No.	Sub No.	AUDIT ADJ 10	AUDIT ADJ 11	AUDIT ADJ 12	AUDIT ADJ 13	AUDIT ADJ 14	AUDIT ADJ 15	AUDIT ADJ 16	AUDIT ADJ	AUDIT ADJ
167	4									
168	4									
169	4									
170	1									
170	2									
170	3									
170	4									
174	1									
174	2									
174	3									
174	4									
200	Total	<u>(1,212)</u>	<u>(4,722)</u>	<u>(68,551)</u>	<u>(3,007)</u>	<u>(3,926)</u>	<u>(6,129)</u>	<u>(980)</u>	<u>0</u>	<u>0</u>

Provider Name							Fiscal Period			Provider NPI		Adjustments
DREIER'S NURSING CARE CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012			1952366460		20
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report									
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No						
<u>MEMORANDUM ADJUSTMENT</u>												
1	Not Reported			8	210	N/A	Total Facility Group Health Insurance To include total group health insurance cost for informational purposes. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304			\$0	\$34,164	\$34,164

Provider Name							Fiscal Period	Provider NPI		Adjustments
DREIER'S NURSING CARE CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1952366460		20
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
<b>RECLASSIFICATIONS OF REPORTED COSTS</b>										
2	10.5	5	4	8A-1	5	4	Plant Operations and Maintenance - Other - Nonlabor	\$185,540	\$6,821	\$192,361 *
	10.5	60	4	8A-1	60	4	Laundry and Linen - Other - Nonlabor	24,444	(723)	23,721
	10.5	65	4	8A-1	65	4	Dietary - Other - Nonlabor	153,043	(5,976)	147,067 *
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	184,328	(122)	184,206 *
							To reclassify repair and maintenance expense to the appropriate cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, and 2302.8			
3	10.5	35	4	8A-1	35	4	Leases and Rentals	\$21,600	\$3,700	\$25,300 *
	10.5	65	4	8A-1	65	4	Dietary - Other - Nonlabor	* 147,067	(3,700)	143,367 *
							To reclassify lease and rental expense to the appropriate cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304.4, and 2302.8			
4	10.5	50	4	8A-1	50	4	Interest - Property, Plant, and Equipment	\$0	\$4,656	\$4,656
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	497,933	(4,656)	493,277 *
							To reclassify capital related interest expense to the appropriate cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304.4, and 2302.8			
5	10.5	35	4	8A-1	35	4	Leases and Rentals	* \$25,300	\$3,580	\$28,880
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* 493,277	(3,580)	489,697 *
							To reclassify copier lease expense to the appropriate cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304.4, and 2302.8			
6	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* \$489,697	\$12,000	\$501,697 *
	10.5	166	4	8A-1	166	4	Medical Records - Other - Nonlabor	20,668	(12,000)	8,668
							To reclassify medical director fees to the appropriate cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304.4, and 2302.8 CCR, Title 22, Section 52000(b)			

Provider Name							Fiscal Period	Provider NPI		Adjustments
DREIER'S NURSING CARE CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1952366460		20
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
<b><u>RECLASSIFICATIONS OF REPORTED COSTS</u></b>										
7	10.5	165	4	8A-1	165	2	Administration - Fringe Benefits	\$54,485	\$21,793	\$76,278
	10.5	5	4	8A-1	5	2	Plant Operations and Maintenance - Fringe Benefits	11,061	(678)	10,383
	10.5	10	4	8A-1	10	2	Housekeeping - Fringe Benefits	16,161	(824)	15,337
	10.5	60	4	8A-1	60	2	Laundry and Linen - Fringe Benefits	12,074	(907)	11,167
	10.5	65	4	8A-1	65	2	Dietary - Fringe Benefits	31,367	(2,131)	29,236
	10.5	105	4	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	196,498	(14,489)	182,009
	10.5	155	4	8A-1	155	2	Social Services - Fringe Benefits	8,276	(520)	7,756
	10.5	160	4	8A-1	160	2	Activities - Fringe Benefits	11,160	(935)	10,225
	10.5	166	4	8A-1	166	2	Medical Records - Fringe Benefits	9,893	(590)	9,303
	10.5	170	4	8A-1	170	2	Inservice Education - Nursing - Fringe Benefits	9,935	(719)	9,216
To reclassify non-payroll related employee benefits to the administration cost center which had been allocated based on weighted salaries. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, and 2302.8 OSHPD LTC Manual, Section 3220.2										

Provider Name							Fiscal Period	Provider NPI		Adjustments	
DREIER'S NURSING CARE CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1952366460		20	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
<b>ADJUSTMENTS TO REPORTED COSTS</b>											
8	10.5	5	4	8A-1	5	4	Plant Operations and Maintenance - Other - Nonlabor To eliminate plant operations and maintenance expense due to insufficient documentation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1 Sections 2300 and 2304	*	\$192,361	(\$6,552)	\$185,809 *
9	10.5	5	4	8A-1	5	4	Plant Operations and Maintenance - Other - Nonlabor	*	\$185,809	(\$2,250)	\$183,559 *
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	*	184,206	(1,177)	183,029 *
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor To eliminate promotional/marketing expense not recognized under the Medi-Cal program. 42 CFR 413.5, 413.9 and 413.24 CMS Pub. 15-1, Sections 2102.3, 2105, 2136.2, 2304, and 2328	*	501,697	(20,586)	481,111 *
10	10.5	65	4	8A-1	65	4	Dietary - Other - Nonlabor To eliminate dietary expense due to insufficient documentation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304	*	\$143,367	(\$1,212)	\$142,155 *
11	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	*	\$481,111	(\$5,903)	\$475,208 *
	10.5	25	4	8A-1	25	4	Depreciation - Equipment To remove capital related costs that were expensed in the current year and include the applicable depreciation for the period. 42 CFR 413.20 and 413.134 CMS Pub. 15-1, Sections 104.8, 108.1, 108.2, and 2300		12,624	1,181	13,805
12	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	*	\$183,029	(\$93,886)	\$89,143
	10.5	5	4	8A-1	5	4	Plant Operations and Maintenance - Other - Nonlabor	*	183,559	8,021	191,580
	10.5	65	4	8A-1	65	4	Dietary - Other - Nonlabor	*	142,155	2,927	145,082
	10.5	160	4	8A-1	160	4	Activities - Other - Nonlabor		24,236	87	24,323
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor To eliminate skilled nursing care expenses due to insufficient documentation and to include allowable expenses in the appropriate cost centers based on the provider's documentation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304	*	475,208	14,300	489,508 *

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments
DREIER'S NURSING CARE CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1952366460		20
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
<u>ADJUSTMENTS TO REPORTED COSTS</u>										
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	*	\$489,508	
13							To eliminate administration expense due to insufficient documentation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304			(\$3,007)
14							To eliminate income tax expense not recognized under the Medi-Cal program. 42 CFR 413.9, 413.20, and 413.24 CMS Pub. 15-1, Sections 2122.2A, 2122.2B, 2300, and 2304			(3,926)
15							To eliminate the refund of a trust balance that was mistakenly recorded as an expense. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, 2302.8, and 2304			(6,129)
16							To eliminate expense for dental prosthesis not included in the rate. CCR, Title 22, Section 51511(c)			(980) <u>(\$14,042)</u> \$475,466

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
DREIER'S NURSING CARE CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012			1952366460		20
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report									
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No						
<b><u>ADJUSTMENT TO REPORTED STATISTICS</u></b>												
17	10.7	75	1-3	7	75	N/A	Patient Supplies (Square Feet)		123	(113)	10	
	10.7	85	1-3	7	85	N/A	Pharmacy		0	110	110	
	10.7	90	1-3	7	90	N/A	Laboratory		0	3	3	
							To establish the proper square footage statistics in order to properly allocate indirect costs. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306					

Provider Name							Fiscal Period		Provider NPI		Adjustments
DREIER'S NURSING CARE CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012		1952366460		20
Report References							Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
<b>ADJUSTMENTS TO REPORTED PATIENT DAYS</b>											
18	4.1	5	6	1	12	N/A	Skilled Nursing Care - Patient Days To adjust total patient days to agree with the provider's patient census reports. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2205, 2300, and 2304	17,706	270	17,976	
19	4.1	5	2	1	15	N/A	Medi-Cal Days To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data: Service Period: January 1, 2012 through December 31, 2012 Payment Period: January 1, 2012 through June 30, 2013 Report Date: July 18, 2013 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408 CCR, Title 22, Section 51541	10,428	(1,329)	9,099	

Provider Name							Fiscal Period	Provider NPI		Adjustments
DREIER'S NURSING CARE CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1952366460		20
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
<u>ADJUSTMENT TO OTHER MATTERS</u>										
20	Not Reported			1	14	N/A	Overpayments To recover Medi-Cal overpayments for patient share-of-cost that was not properly deducted from the amount billed. 42 CFR 413.5, 413.20 / CMS Pub. 15-1, Section 2409	\$0	\$144,351	\$144,351